

**APPLICATION FOR PAYMENT OF ATTORNEY FEES FOR  
REPRESENTATION UNDER THE ADULT PROTECTIVE SERVICES ACT**

[Please print or type information]

PAYEE: \_\_\_\_\_ Vendor No. \_\_\_\_\_

Last Name, First Name, Middle Initial (separate by commas)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TAX ID NO. \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

JUDICIAL DISTRICT NUMBER: \_\_\_\_\_ COUNTY: \_\_\_\_\_

[ ] APPOINTMENT ORDER ATTACHED

[ ] INDIGENCY FINDING/ORDER ATTACHED

TO: \_\_\_\_\_,  
DISTRICT COURT JUDGE.

I respectfully submit application for payment of fees as the court-appointed attorney as provided by the Adult Protective Services Act, NMSA 1978, §27-7-27 (1997). I understand that this application will not be processed for payment if it has not been received by the district court within 30 days of completion of the milestone event/hearing and that payment is contingent upon the availability of funds.

Type of Hearing (check one)	Date of Hearing	Fee (Hours expended X \$30.00)	Maximum Fee (not to exceed)
[ ] Protective Services/Placement			\$240.00

AMOUNT REQUESTED [\$\_\_\_\_\_]

GROSS RECEIPTS TAX [\$\_\_\_\_\_]

TOTAL AMOUNT DUE [\$\_\_\_\_\_]

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Court Judge or Designee

\_\_\_\_\_  
Date

Revised 06/09  
Sub Account Code: 5355000013